

POSITION	INITIALS	ID NO.	DATE
COR	HSA	277	6-8-98
FEES DETERMINATION	H.W.	249	4/1/98
O.I.P.E. CLASSIFIER		10	4/1/98
FORMALITY REVIEW	(015)		4-29-98

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	Original
1	✓ 6-27-98
2	✓ 6-27-98
3	✓ 6-27-98
4	✓ 6-27-98
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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